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07/07/2008

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I hereby certify that this Fee(s) Transmittal is being deposited with the United State Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/506,971	09/08/2004	Alain DELACHE	062220	7675

TITLE OF INVENTION: AIR ASSISTANCE APPARATUS PROVIDING FAST RISE AND FALL OF PRESSURE WITHIN ONE PATIENT'S BREATH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1440	\$300	-0-	\$1740	10/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
Kristen C. Matter	3771	128-204210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **WESTERMAN, HATTORI,**2. **DANIELS & ADRIAN, LLP.**

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KAERYS, S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NICE, FrancePlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2866 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date October 1, 2008Typed or printed name Joseph W. IskraRegistration No. 57,485

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